(	Change in Company's premium or rate	e level produced by rate revision effecti	ve 4-1-09
	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (filmois)	Change (+ Oi -)
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	107,582	-0.1%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8. 9.	Boiler and Machinery Fire		
9. 10.	Extended Coverage		
11.	Inland Marine		- Andrew - A
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
Brief		erritories) or certain classes? If so, spec	
	djusted to reflect all prior rate change. hange in Company's premium level w		
	nange in Company's premium level we esult from application of new rates.	men will	
	Suit from application of new rates.		
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
	RECEIVED	A	ll America Ins. Co.
	JAN 1 5 2009		Name of Company
- [			
	SPRINGFIELD, ILLINOIS	P	etrise Meyer, Sr Rates &
		F	orms Analyst
			Official - Title

H29219D

Serff CEMC-125985180

	Change in Company's premium or rat	e level produced by rate revision effective	6-1-2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (minois)	Change ( · Or /
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	107,582	+6.8%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	<del></del>	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		*******
Does f	• • • • • • • • • • • • • • • • • • • •	erritories) or certain classes? If so, specify:	
* A			

All America Ins. Co.

Name of Company

Mrs. Louise Wittler, Rates & Forms Specialist
Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective	January 30, 2009
(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto	83,585	+4.2%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		moses
11. Inland Marine		
12. Homeowners		
<ul><li>13. Commercial Multi-Peril</li><li>14. Crop Hail</li></ul>		
15. Other		
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	r: <u>No</u>
Brief description of filing. (If filing follows Adopt ISO Loss Cost circular LI-GL-200 with no other changes at this time.	rates of an advisory organization, specify o 08-229 (GL-2008-BGL1) and ISO ILF circula	rganization): ar Li-GL-2008-249 (GL-2008-IALL1)
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	s. hich will result from application of new rate	S.
	Amarie	ure Insurance Company
	Amensi	Name of Company
•	Joan Walte	ers - Compliance Analyst II
		Official – Title

## ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective	January 30, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial	4.050.000	
3. Liability Other Than Auto	1,058,096	+1.8%
<ul><li>4. Burglary and Theft</li><li>5. Glass</li></ul>		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	,	***************************************
9. Fire	,	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specifi	v. No
bood ming only apply to deflain territory	(territorios) or sertain siasses: it so, spesii,	. 140
Brief description of filing. (If filing follows  Adopt ISO Loss Cost circular LI-GL-200 with no other changes at this time.	rates of an advisory organization, specify on the control of the c	organization): _ ar Ll-GL-2008-249 (GL-2008-IALL1)
*Adjusted to reflect all prior rate above		
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	s. hich will result from application of new rate	s.
	Amaricura	Mutual Insurance Company
	Amensule	Name of Company
		• •
	Joan Walt	ers - Compliance Analyst II
		Official - Title

•	Change in Company's premium or rate	e level produced by rate revision effective	4-1-09
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	503,018	-0.1%
4.	Burglary and Theft		0.170
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
	description of filing. (If filing follows sing our Company Liquor Rates	rates of an advisory organization, specify o	organization):
** C	djusted to reflect all prior rate change hange in Company's premium level w	s. hich will	·
re	sult from application of new rates.  DIVISION OF INSURA	ANCE	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 1 5 2009

SPRINGFIELD, ILLINOIS

Central Mutual Ins. Co.

Name of Company

Petrise Meyer, Sr Rates & Forms Analyst

Official - Title

H29219D

Suff CEMC - 125985180

'	Change in Company's premium of ra	te level produced by rate revision effective	ve <u>6-1-2009</u>
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		<u> </u>
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	503,018	+6.8%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		-
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		V-182
	Line of Insurance		
oes f	iling only apply to certain territory (t	erritories) or certain classes? If so, speci	ify:
N/A	· · · · · · · · · · · · · · · · · · ·	_	· .
Rrief (	description of filing (If filing follows	s rates of an advisory organization, speci	fy organization):
		revising company multipliers effe	
7100	pring 150 5 5707 1055 Costs and	Tovishig company materphore on	2007
			- 10
* A	djusted to reflect all prior rate change	es.	
	hange in Company's premium level v	vhich will	
re	sult from application of new rates.		
		Ce	entral Mutual Ins. Co.
			Name of Company

Mrs. Louise Wittler, Rates & Forms Specialist
Official - Title

1.

2

3. 4. 5. 6. 7. 8. 9. 11. 12. 13. 14.

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### **SUMMARY SHEET**

| (1)   | (2)<br>Annual Premium        | (3)<br>Percent           |
|---|------------------------------|--------------------------|
| Coverage  | Volume (Illinois) *          | _ Change (+or-) **       |
| Automobile Liability Private                    |                              |                          |
| Passenger                                       |                              |                          |
| Commercial                                      |                              |                          |
| Automobile Physical Damag                       |                              |                          |
| Private Passenger                               |                              |                          |
| Commercial                                      |                              |                          |
| Liability Other Than Auto                       | 12,547,815.                  | +3.5%                    |
| Burglary and Theft                              |                              |                          |
| Glass   |                              |                          |
| Fidelity  |                              | EVENUCE                  |
| Surety  | DIVISION                     | OF INSURANCE             |
| Boiler and Machinery                            | REC                          | EIVED                    |
| Fire  |                              |                          |
| Extended Coverage                               | JAN                          | 1 4 2009                 |
| Inland Marine                                   |                              |                          |
| Homeowners                                      | SPRING                       | FIELD, ILLINOIS          |
| Commercial Multi-Peril                          |                              |                          |
| Crop Hail                                       |                              |                          |
| Other   |                              |                          |
| Life of Insurance                               |                              |                          |
| Door filing only apply to sorte                 | in tarritan/(tarritarias) a  | r cortain                |
| Does filing only apply to certa Classes? If so, | in territory (territories) o | Ceitain                  |
| •   | e to be achieved with an inc | rease in the Territory 4 |
|   |                              |                          |
| Factor from 1.1 to 1.3. All other rati          | ing factors will remain unch | naed                     |

\*Adjusted to reflect all prior rate changes.

Our proposed overall rate increase is +3.5%.

Organization, specify

organization):

a law firm's professional liability exposure. Our current indicated rate need is an increase of +13.

**Continental Casualty Company** 

Name of Company
Vikas Shah, FCAS, MAAA, Actuary and Manager

We are modifying our rates to appropriately charge for

Official - Title

Lawyers ProfLiab

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

## FORM (RF-3)

| Change in Company's premium of | r rate level p | produced by | rate revision |
|--------------------------------|----------------|-------------|---------------|
| effective 02/06/2009           | •              | ·           |               |

| -           | (1)  | (2) Annual Premium                     | (3) Percent                |
|-------------|--|--|----------------------------|
| 1.          | Coverage  Automobile Liability Private                               | Volume (Illinois) *                    | Change (+or-) **           |
| 1.          | Automobile Liability Private Passenger                               |  |                            |
|             | Commercial   |  |                            |
| 2           | Automobile Physical Damag  |  |                            |
| _           | Private Passenger  |  | •                          |
|             | Commercial   |  |                            |
| 3.          | Liability Other Than Auto  | 4,310,599                              | -1.1                       |
| 4.          | Burglary and Theft   | -1,010,000                             | -1.1                       |
| 5.          | Glass  |  |                            |
| 6.          | Fidelity   |  |                            |
| 7.          | Surety   |  |                            |
| 8.          | Boiler and Machinery   | ************************************** | ANGE                       |
| 9.          | Fire   | 1100                                   | ION OF INSURANCE           |
| 10.         | Extended Coverage  | DIVIS                                  | ATE OF LEVE                |
| 11.         | Inland Marine  | F                                      | 2009                       |
| <b>12</b> . | Homeowners   |  | FEB X 6 2009               |
| 13.         | Commercial Multi-Peril   |  |                            |
| 14.         | Crop Hail  |  | PRINGFIELD, ILLINOIS       |
| 15.         | Other  |  | PAING                      |
|             | Life of Insurance  |  |                            |
| •           | Does filing only apply to certa Classes? If so, specify:             | nin territory (territories) or o       | certain                    |
|             |  |  |                            |
| , i.        | Brief description of filing. (If f Organization, specify             | iling follows rates of an ac           | dvisory                    |
| •           | organization):   | Rate revision for A&E F                | Professional Liability and |
|             | Pollution Incident Liability Coverag                                 | <u>e</u>                               |                            |
|             | *A divised to reflect all pringer                                    | 4                                      |                            |
|             | *Adjusted to reflect all prior ra<br>**Change in Company's premates. |  | from application of new    |
|             | 14(03.   | Continental Casualt                    | tv Company                 |
|             | *.   |  | ne of Company              |
|             |  | Jean Fleischner - V                    |                            |
|             |  |  | Official - Title           |

Change in Company's premium or rate level produced by rate Revision effective 06/01/2009

|          | (1)                                       | (2)<br>Annual Premium               | (3)<br>Percent                        |
|----------|---|-------------------------------------|---------------------------------------|
|          | Coverage                                  | Volume (Illinois)*                  | <u>Change (+ or -)**</u>              |
| 1.       | Automobile Liability                      |                                     |                                       |
|          | Private Passenger                         |                                     |                                       |
|          | Commercial                                |                                     |                                       |
| 2.       | Automobile Physical Damage                |                                     |                                       |
|          | Private Passenger                         |                                     |                                       |
|          | Commercial                                |                                     |                                       |
| 3.       | Liability Other Than Auto                 | 2,234,981                           | +22.7%                                |
| 4.       | Burglary and Theft                        |                                     |                                       |
| 5.       | Glass                                     |                                     |                                       |
| 6.       | Fidelity                                  |                                     |                                       |
| 7.       | Surety                                    |                                     |                                       |
| 8.       | Boiler and Machinery                      |                                     |                                       |
| 9.       | Fire                                      |                                     | •                                     |
| 10.      | Extended Coverage                         |                                     |                                       |
| 11.      | Inland Marine                             |                                     |                                       |
| 12.      | Homeowners                                |                                     | -                                     |
| 13.      | Commercial Multi-Peril                    |                                     |                                       |
| 14.      | Crop Hail                                 |                                     |                                       |
| 15.      | Other                                     |                                     |                                       |
|          | Line of Insurance                         |                                     |                                       |
|          |   |                                     |                                       |
|          | filing only apply to certain territory (t | •                                   | so, specify:                          |
| All c    | lasses, all territories (including Fire   | e/EMS-Pak program)                  |                                       |
|          |   |                                     |                                       |
| Dail a E | description of filing. (If filing follow  | a mates of an advisem; Omeganizatio | anasifi ansonication).                |
|          | pt ISO Illinois Loss Cost revisions,      |                                     |                                       |
|          | se Company loss cost multipliers          | increased militaetor revisions      | and zip code territories,             |
|          | 1000 0000 114410 01010                    |                                     | · · · · · · · · · · · · · · · · · · · |
|          |   |                                     |                                       |
|          | djusted to reflect all prior rate change  |                                     |                                       |
| ** C     | hange in Company's premium level w        | hich will result from application   | of new rates.                         |
|          |   |                                     |                                       |
|          |   |                                     |                                       |
|          |   |                                     | ern Insurance Company                 |
|          |   | Name                                | of Company                            |
|          |   |                                     |                                       |

Teresa Wineland, Sr. Research/Statistical Analyst

Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate lev   | vel produced by rate revision effective _          | 5/1/2009  |
|---|--|---|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u>        |
| Automobile Liability Private  |  |   |
| Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial        |  |   |
| 3. Liability Other Than Auto  | 2,007,727  | 92.9 %  |
| 4. Burglary and Theft   |  |   |
| 5. Glass  |  |   |
| 6. Fidelity _   |  |   |
| 7. Surety   |  |   |
| 8. Boiler and Machinery   |  | - Annual Sta                                      |
| 9. Fire   |  |   |
| 10. Extended Coverage 11. Inland Marine   |  |   |
| 12. Homeowners  | <del></del>  |   |
| 13. Commercial Multi-Peril  |  |   |
| 14. Crop Hail   |  |   |
| 15. Other   | · · · · · · · · · · · · · · · · · · ·              |   |
| 15. Other Line of Insurance   |  |   |
| Does filing only apply to certain territory (t  | erritories) or certain classes? If so, spe         | cify: No  |
| Brief description of filing. (If filing follows Costs, GL-2008-BGL1, with a change to L | and Onet Maddinting                                | cify organization): <u>ISO's adoption of Loss</u> |
|   |  |   |
|   |  |   |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level wh     | nich will result from application of new r         | ates.   |
|   | Employers  | s Insurance Company of Wausau                     |
|   |  | Name of Company                                   |
|   | Sherry Burnett                                     | State Filings Analyst                             |
|   |  | Official – Title                                  |

|    | revision effective  | 3/15/2009             |                            |
|----|---|-----------------------|----------------------------|
|    | (1)   | (2)<br>Annual Premium | (3)<br>Percent             |
|    | <u>Coverage</u>   | Volume (Illinois) *   | <u>Change (+ or -) **</u>  |
|    | Automobile Liability Private Passenger  |                       |                            |
| •  | Commercial<br>Automobile Physical Damage<br>Private Passenger   |                       |                            |
|    | Commercial  |                       |                            |
|    | Liability Other Than Auto   | 3,713,060             | -0.9%                      |
|    | Burglary and Theft  |                       |                            |
|    | Glass   |                       |                            |
| i. | Fidelity  |                       |                            |
|    | Surety  |                       |                            |
| 3. | Boiler and Machinery  |                       |                            |
| ). | Fire  |                       |                            |
| ). | Extended Coverage   |                       |                            |
|    | Inland Marine   |                       |                            |
|    | Homeowners  |                       |                            |
| 3. | Commercial Multi-Peril  |                       |                            |
| ١. | Crop Hail   |                       |                            |
| j. | Other   |                       |                            |
| •  | Line of Insurance   |                       | **** 11: +4 <sup>1</sup> * |
|    | es filing only apply to certain territon  |                       | so, specify:               |
| R  | of description of filing. (If filing follow<br>evising Type of Business Factors.<br>corporating Territories into Rating S | -                     | n, specify organization):  |
| R  | eorganization of Ratepages  |                       |                            |
|    | oorganization of Natopagoo  |                       |                            |
| C  | Adjusted to reflect all prior rate of<br>Change in Company's premium leve<br>Avill result from application of new rate    | l which               |                            |
|    |   | Nai                   | me of Company              |
|    |   |                       | d Mutual Insurance Compa   |
|    |   |                       | Dan Filzen – Vice Preside  |
|    |   | (                     | Official - Title           |

|     | revision effective  | remium or rate level produced 3/15/2009 . | by rate                       |
|-----|---|---|-------------------------------|
|     | Tevision ellective  | 3/13/2003                                 |                               |
|     | (1)   | (2)                                       | (3)                           |
|     | Coverage  | Annual Premium Volume (Illinois) *        | Percent<br>Change (+ or -) ** |
| 1.  | Automobile Liability Private Passenger  |   |                               |
| 2.  | Commercial<br>Automobile Physical Damage<br>Private Passenger   |   |                               |
|     | Commercial  |   |                               |
| 3.  | Liability Other Than Auto   | 529,747                                   | +3.1%                         |
| 4.  | Burglary and Theft  |   |                               |
| 5.  | Glass   |   |                               |
| 6.  | Fidelitý  |   |                               |
| 7.  | Surety  |   |                               |
| 8.  | Boiler and Machinery  | ,   |                               |
| 9.  | Fire  | <del></del>                               |                               |
| 10. | Extended Coverage   |   |                               |
| 1.  | Inland Marine   |   |                               |
| 12. | Homeowners  |   |                               |
| 13. | Commercial Multi-Peril  |   |                               |
| 4.  | Crop Hail   |   |                               |
| 15. | Other   |   |                               |
|     | Line of Insurance   |   | -                             |
|     | es filing only apply to certain territory<br>ee Summary Page 1 for a breakdow   |   | so, specify:                  |
| R   | of description of filing. (If filing follow<br>evising Type of Business Factors.<br>Incorporating Territories into Rating S |   | n, specify organization):     |
| R   | eorganization of Ratepages  |   |                               |
|     | ool gariization or ratopages  |   |                               |
| * C | Adjusted to reflect all prior rate cl<br>Change in Company's premium level<br>vill result from application of new rate      | which                                     |                               |
|     |   | Nai                                       | me of Company                 |
|     |   |   | Service Insurance Company     |
|     |   | - <del></del>                             | Dan Filzen – Vice Presiden    |
|     |   | (   | Official - Title              |

# ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate leve  | el produced by rate revision effective _                       | 7/1/2009  |
|---|--|---|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>             | (3)<br>Percent<br><u>Change (+ or -)**</u>        |
| Automobile Liability Private     Passenger Commercial   |  |   |
| Automobile Physical Damage  |  |   |
| Private Passenger Commercial  | 9,611  | 69.3 %  |
| 3. Liability Other Than Auto  | 9,611  | 09.5 //   |
| <ol> <li>Burglary and Theft</li> <li>Glass</li> </ol>   |  |   |
| 5. Glass<br>6. Fidelity   |  |   |
| 7. Surety   |  |   |
| 8. Boiler and Machinery   |  |   |
| 9. Fire   |  |   |
| 10. Extended Coverage   |  |   |
| 11. Inland Marine   |  |   |
| 12. Homeowners  |  |   |
| 13. Commercial Multi-Peril  |  |   |
| 14. Crop Hail   |  |   |
| 15. Other   |  |   |
| Line of Insurance   |  |   |
| Does filing only apply to certain territory (te   | erritories) or certain classes? If so, spe                     | cify: No  |
|   |  |   |
| Brief description of filing. (If filing follows r<br>Costs, GL-2008-BGL1, with a change to Lo | ates of an advisory organization, spec<br>oss Cost Multipliers | cify organization): <u>ISO's adoption of Loss</u> |
|   |  |   |
| *Adjusted to reflect all prior rate changes.  **Change in Company's premium level whi         | ch will result from application of new re                      | ates.   |
|   | The First  | Liberty Insurance Corporation                     |
|   |  | Name of Company                                   |
|   | Sherry Burnett   | State Filings Analyst                             |
|   |  | Official – Title                                  |
|   |  |   |

| Change in | n Company's | premium c | r rate | level | produced | by | rate |
|-----------|-------------|-----------|--------|-------|----------|----|------|
| revision  | effective   | 05/01/200 | 9      |       |          |    |      |

| revision effective U5/U1/2                         | 009  | •   |
|--|--|---|
| (1)<br>Coverage                                    | (2)<br>Annual Premium<br>Volume (Illinois)*  | (3)<br>Percent<br>Change (+ or <u>-</u> )** |
| 1. Automobile Liability Private Passenger          |  |   |
| Commercial 2. Automobile Physical Damage           |  |   |
| Private Passenger<br>Commercial                    |  |   |
| 3. Liability Other Than Auto 4. Burglary and Theft | 88,798   | -50.0%                                      |
| 5. Glass 6. Fidelity                               |  |   |
| 7. Surety  |  |   |
| 8. Boiler and Machinery                            |  |   |
| 9. Fire  |  |   |
| 10. Extended Coverage                              |  |   |
| 11. Inland Marine                                  |  |   |
| 12. Homeowners                                     |  |   |
| 13. Commercial Multi-Peril                         |  |   |
| 14. Crop Hail                                      |  |   |
| 15. Other  |  | · · · · · · · · · · · · · · · · · · ·       |
| Line of Insurance                                  |  |   |
| Dine of insurance                                  |  |   |
|  | territory (territories)or<br>to the Graphic Arts Printe<br>ess than 25 employees onl | ers program for                             |
|  |  |   |
| Brief description of filing. (If organization      | Employee Benefit Pro-<br>Coverage Manual Page<br>reduction for Graphi                | are revising our                            |

 $\mbox{\scriptsize \star}$  Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

| Graphic Arts Mutual Insurance Company  |  |  |  |  |
|--|--|--|--|--|
| Name of Company                        |  |  |  |  |
| George T. Dodd, Vice President/Actuary |  |  |  |  |
| Official - Title                       |  |  |  |  |

to our Manual Page or our Coverage Form.

## Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Ch  | ange in Company's premium or rate lev  | vel produced by rate revision effective  | 4-1-09 / <del>6=1-09</del>                 |  |  |  |
|---|--|--|--|--|--|--|
|   | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                                     | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |  |  |
| 11.<br>12.<br>13.<br>14.<br>15.   | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance | 313,984  | -12.2%                                     |  |  |  |
| Do<br>aff   | es filing only apply to certain territory (t<br>iliated with the Senior Living Faciliti  | erritories) or certain classes? If so, specify: es (Non-Profit & For Profit) Programs. | Yes, certain classes that are              |  |  |  |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are revising rating methodology for use with our Senior Living Communities Program.  *Adjusted to reflect all prior rate changes. |  |  |  |  |  |  |
|   |  | nich will result from application of new rates.  |  |  |  |  |
|   |  | GuideOne America Insurance   | Company                                    |  |  |  |
|   |  | Na   | ame of Company                             |  |  |  |
|   |  | Scott Reddig, Chief Actuary &  | SVP  |  |  |  |
|   |  |  | Official Title                             |  |  |  |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective  |  | 4-1-09 / <del>0-1-09</del>    |  |
|--|--|-------------------------------|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3) Percent Change (+ or -)** |  |
| Automobile Liability Private   |  |                               |  |
| Passenger Commercial   |  |                               |  |
| Automobile Physical Damage     Private Passenger Commercial  |  |                               |  |
| 3. Liability Other Than Auto   | 398,443  | 17.6%                         |  |
| 4. Burglary and Theft  | 398,443  | 17.076                        |  |
| 5. Glass   |  |                               |  |
| 6. Fidelity  |  |                               |  |
| 7. Surety  |  |                               |  |
| 8. Boiler and Machinery  |  |                               |  |
| 9. Fire  |  |                               |  |
| 10. Extended Coverage  |  |                               |  |
| 11. Inland Marine  |  |                               |  |
| 12. Homeowners   |  |                               |  |
| 13. Commercial Multi-Peril   |  |                               |  |
| 14. Crop Hail  |  |                               |  |
| 15. Other  |  |                               |  |
| Line of Insurance  |  |                               |  |
| Does filing only apply to certain territory (to affiliated with the Senior Living Facilitie Brief description of filing. (If filing follows ra | s (Non-Profit & For Profit) Programs.  | Yes, certain classes that are |  |
| We are revising rating methodology for   |  |                               |  |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level wh  | ich will result from application of new rates.   |                               |  |
|  |  |                               |  |
|  | GuideOne Elite Insurance Co  | mpany<br>ame of Company       |  |
|  | Scott Reddig, Chief Actuary &  | SVP                           |  |
|  | - Committee of the comm | Official – Title              |  |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha                      | ange in Company's premium or rate lev  | vel produced by rate revision effective  | 4-1-09 / 6 <del>-1-09</del>                |
|--------------------------|--|--|--|
|                          | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                                       | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 11.<br>12.<br>13.<br>14. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance | 928,130  | 15.0%                                      |
|                          |  | erritories) or certain classes? If so, specify<br>es (Non-Profit & For Profit) Programs. | Yes, certain classes that are              |
| Brie                     | ef description of filing. (If filing follows r   | ates of an advisory organization, specify or use with our Senior Living Communiti        |  |
|                          | ljusted to reflect all prior rate changes.<br>hange in Company's premium level wh  | nich will result from application of new rate  |  |
|                          |  | GuideOne Mutual Insurance  | e Company Name of Company                  |
|                          |  | Scott Reddig, Chief Actuary  | & SVP                                      |
|                          |  |  | Official Title                             |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha  | ange in Company's premium or rate le         | vel produced by rate revision effective         | 4-1-09 / <del>8-1-09</del>             |
|------|--|---|--|
|      | (1)<br>Coverage                              | (2)<br>Annual Premium<br>Volume (Illinois)*     | (3) Percent Change (+ or -)**          |
|      | Coverage                                     | Volume (minois)                                 | Onange ( · Or -)                       |
| 1.   | Automobile Liability Private                 |   |  |
| ••   | Passenger Commercial                         |   |  |
| 2.   | Automobile Physical Damage                   |   |  |
|      | Private Passenger Commercial                 |   |  |
| 3.   | Liability Other Than Auto                    | 232,580   | -2.9%                                  |
| 4.   | Burglary and Theft                           | 202,000   | ************************************** |
| 5.   | Glass  |   |  |
| 6.   | Fidelity                                     |   |  |
| 7.   | Surety                                       | <del></del>                                     |  |
| 8.   | Boiler and Machinery                         |   |  |
| 9.   | Fire   |   |  |
|      | Extended Coverage                            |   |  |
|      | Inland Marine                                |   |  |
|      | Homeowners                                   |   |  |
|      | Commercial Multi-Peril                       |   |  |
|      | Crop Hail                                    |   |  |
|      | Other  |   |  |
|      | Line of Insurance                            |   |  |
|      |  |   |  |
| Do   | es filing only apply to certain territory (t | erritories) or certain classes? If so, specify: | Yes, certain classes that are          |
| affi | liated with the Senior Living Facilities     | es (Non-Profit & For Profit) Programs.          |  |
|      |  |   |  |
|      |  | ates of an advisory organization, specify org   |  |
| We   | are revising rating methodology fo           | r use with our Senior Living Communities        | s Program.                             |
|      |  |   |  |
|      |  |   |  |
|      | ljusted to reflect all prior rate changes.   |   |  |
| **C  | hange in Company's premium level wh          | nich will result from application of new rates. | •                                      |
|      |  |   |  |
|      |  | GuideOne Specialty Mutual Ir                    |  |
|      |  | N   | ame of Company                         |
| •    |  |   |  |
|      |  | Scott Reddig, Chief Actuary 8                   |  |
|      |  |   | Official Title                         |

|            | Change in Company's premiun  | n or rate level produced by                                    | rate revision effective                             | 04/18/2009                                |
|------------|--|--|---|---|
|            |  | (0)  | (2)   |   |
|            |  | (2)<br>Annual Premium  | (3)   |   |
|            |  |  | Percent   |   |
|            |  | Volume (Illinois)  | Change (+ or -)                                     |   |
| ١.         | Automobile Liability   |  |   |   |
|            | Private Passenger  |  |   |   |
|            | Commercial   |  |   |   |
|            | Automobile Physical Damage   |  |   |   |
|            | Private Passenger  |  |   |   |
|            | Commercial   |  | 07.50/  |   |
|            | Liability Other Than Auto  | 32,136   | 27.5%   |   |
|            | Burglary and Theft   |  |   |   |
|            | Glass  |  |   |   |
|            | Fidelity   |  |   |   |
|            | Surety   |  |   |   |
|            | Boiler and Machinery   |  | <del></del>   |   |
|            | Fire   |  |   |   |
| 0.         | Extended Coverage  |  |   |   |
| 1.         | Inland Marine  |  | *-  | •   |
| 2.         | Homeowners   |  |   |   |
| 3.         | Commercial Multi-Peril   |  |   |   |
| 4.         | Crop Hail  |  |   | •   |
| 5.         | Other  |  |   |   |
|            | Line of Insurance  |  |   |   |
| oe<br>Priv | s filing only apply to certain territorate schools, charter schools, and p                   | ry (territories) or certain cla<br>orivate colleges and univer | asses? If so, specify:<br>rsities                   |   |
| ≀ate       | f description of filing. (If filing follo<br>increase. Uniform increase on p<br>institution. | ws rates of an advisory ore rivate and charter schools         | ganization, specify organ . Rates on private colleg | ization):<br>les now vary by number of si |
|            |  |  |   |   |
|            |  |  |   |   |
|            |  |  |   |   |
|            |  |  |   |   |
|            |  |  |   |   |
|            |  |  | Hartford Fin  | e Insurance Company                       |
|            |  |  |   | ne of Company                             |
|            |  |  | Aaron Mills, FCAS                                   |   |
|            |  |  |   | Official - Title                          |
|            |  |  |   |   |

| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance  Description of filing. (If filing follows rates of an advisory organization, specify organization): ate increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of er institution.  |  | (2)<br>Annual Premium         | (3)<br>Percent                                       |                                      |
|---|--|-------------------------------|--|--------------------------------------|
| Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance  Description of filing. (If filing follows rates of an advisory organization, specify organization): ate increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of the private schools of the private colleges and universities.   |  |                               |  |                                      |
| Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 3,619 25.7% Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage I. Inland Marine Line of Insurance  Description of filing. (If filing follows rates of an advisory organization, specify organization):  atteincrease. Uniform increase on private and charter schools. Rates on private colleges now vary by number of the private colleges now | Private Passenger  |                               |  |                                      |
| Commercial Liability Other Than Auto 3,619 25.7%  Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage Inland Marine Commercial Multi-Peril Crop Hail Cother Line of Insurance  Des filing only apply to certain territory (territories) or certain classes? If so, specify: ivate schools, charter schools, and private colleges and universities  dief description of filing. (If filing follows rates of an advisory organization, specify organization): ate increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of  | Automobile Physical Damage   |                               |  |                                      |
| Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire  Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Des filing only apply to certain territory (territories) or certain classes? If so, specify: ivate schools, charter schools, and private colleges and universities  ief description of filing. (If filing follows rates of an advisory organization, specify organization): ate increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of   | Commercial   |                               |  |                                      |
| Fidelity Surety Boiler and Machinery Fire  Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Des filing only apply to certain territory (territories) or certain classes? If so, specify: ivate schools, charter schools, and private colleges and universities  ief description of filing. (If filing follows rates of an advisory organization, specify organization): ate increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of  | Burglary and Theft   | 3,619                         | 25.7%  |                                      |
| Boiler and Machinery Fire  Extended Coverage  Inland Marine  Homeowners  Commercial Multi-Peril  Crop Hail  Other  Line of Insurance  Des filing only apply to certain territory (territories) or certain classes? If so, specify: ivate schools, charter schools, and private colleges and universities  ief description of filing. (If filing follows rates of an advisory organization, specify organization): ate increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of  |  |                               |  |                                      |
| Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Line of Insurance  des filing only apply to certain territory (territories) or certain classes? If so, specify: evate schools, charter schools, and private colleges and universities  def description of filing. (If filing follows rates of an advisory organization, specify organization): the increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of  |  |                               |  |                                      |
| Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify: ivate schools, charter schools, and private colleges and universities  ief description of filing. (If filing follows rates of an advisory organization, specify organization): te increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of   |  |                               |  |                                      |
| Commercial Multi-Peril Crop Hail Other Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify: vate schools, charter schools, and private colleges and universities  ef description of filing. (If filing follows rates of an advisory organization, specify organization): te increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of  | . Inland Marine  |                               |  |                                      |
| Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify: vate schools, charter schools, and private colleges and universities  ef description of filing. (If filing follows rates of an advisory organization, specify organization): te increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of   | Commercial Multi-Peril   |                               |  |                                      |
| pes filing only apply to certain territory (territories) or certain classes? If so, specify: ivate schools, charter schools, and private colleges and universities  ief description of filing. (If filing follows rates of an advisory organization, specify organization): ate increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of  | •  | ·                             | 1.50   |                                      |
| ite increase. Uniform increase on private and charter schools. Rates on private colleges now vary by number of  |  |                               |  |                                      |
| r institution.  | Line of Insurance es filing only apply to certain terri  |                               |  |                                      |
|   | Line of Insurance  es filing only apply to certain terrivate schools, charter schools, and  ef description of filing. (If filing foliate increase. Uniform increase on       | d private colleges and univer | sities ganization, specify organi                    | zation):<br>es now vary by number of |
|   | Line of Insurance  pes filing only apply to certain terri- ivate schools, charter schools, and  ief description of filing. (If filing fol- ate increase. Uniform increase on | d private colleges and univer | sities ganization, specify organi                    | zation):<br>es now vary by number of |
|   | Line of Insurance es filing only apply to certain terrivate schools, charter schools, and ef description of filing. (If filing folte increase. Uniform increase on           | d private colleges and univer | sities ganization, specify organi                    | zation):<br>es now vary by number of |
|   | Line of Insurance es filing only apply to certain terrivate schools, charter schools, and ef description of filing. (If filing folte increase. Uniform increase on           | d private colleges and univer | sities ganization, specify organi                    | zation):<br>es now vary by number of |
| Hartford Underwriters Insurance Compa<br>Name of Company  | Line of Insurance es filing only apply to certain terrivate schools, charter schools, and ef description of filing. (If filing folte increase. Uniform increase on           | d private colleges and univer | ganization, specify organic Rates on private college | es now vary by number of             |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective _       |  | 7/1/2009                                    |
|---|--|---|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u>  |
| Automobile Liability Private  |  | •   |
| Passenger Commercial  |  |   |
| Automobile Physical Damage     Private Passenger Commercial                           |  |   |
| 3. Liability Other Than Auto  | 3,315,838  | - 51.8 %                                    |
| Burglary and Theft  |  | - 51.0 /0                                   |
| 5. Glass  |  |   |
| 6. Fidelity   |  |   |
| 7. Surety   |  |   |
| 8. Boiler and Machinery   |  |   |
| 9. Fire   |  |   |
| 10. Extended Coverage   |  |   |
| 11. Inland Marine   |  |   |
| 12. Homeowners  |  |   |
| 13. Commercial Multi-Peril  |  |   |
| 14. Crop Hail   |  |   |
| 15. OtherLine of Insurance  |  |   |
| Line of insurance   |  |   |
| Does filing only apply to certain territory (   | territories) or certain classes? If so, spe        | ecify: No                                   |
| Tool iming only apply to contain territory (  | (a)  | , <u>iss</u>                                |
| Brief description of filing. (If filing follows Costs, GL-2008-BGL1, with a change to | 1 O4 Mai 14:1:                                     | ecify organization): ISO's adoption of Loss |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w     | hich will result from application of new r         | rates.                                      |
|   | Libe   | erty Insurance Corporation                  |
|   |  | Name of Company                             |
|   | Sherry Burnett                                     | State Filings Analyst                       |
|   | <u> </u>   | Official – Title                            |

# ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective _     |  | 7/1/2009                                   |  |  |
|---|--|--|--|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br>Volume (Illinois)*                            | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |  |
| Automobile Liability Private     Passenger Commercial                               |  |  |  |  |
| 2. Automobile Physical Damage   |  |  |  |  |
| Private Passenger Commercia   |  | 40.4                                       |  |  |
| 3. Liability Other Than Auto  | 16,151,215   |  |  |  |
| <ol> <li>Burglary and Theft</li> <li>Glass</li> </ol>                               |  |  |  |  |
| 6. Fidelity   |  |  |  |  |
| 7. Surety   |  |  |  |  |
| 8. Boiler and Machinery   |  |  |  |  |
| 9. Fire   |  |  |  |  |
| 10. Extended Coverage   |  |  |  |  |
| 11. Inland Marine   |  |  |  |  |
| 12. Homeowners  |  | , 19 mg at 1                               |  |  |
| 13. Commercial Multi-Peril  |  |  |  |  |
| 14. Crop Hail   |  |  |  |  |
| 15. Other Line of Insurance   |  |  |  |  |
| Line of insurance   |  |  |  |  |
| Does filing only apply to certain territory   | y (territories) or certain classes? If so, speci                       | ify: No                                    |  |  |
|   |  |  |  |  |
| Brief description of filing. (If filing follow Costs, GL-2008-BGL1, with a change t | ws rates of an advisory organization, speci<br>o Loss Cost Multipliers | fy organization): ISO's adoption of Loss   |  |  |
|   |  |  |  |  |
| *Adjusted to reflect all prior rate change<br>**Change in Company's premium level   | es.<br>which will result from application of new rat                   | tes.                                       |  |  |
|   | Liharhy Mu   | utual Fire Insurance Company               |  |  |
|   | Liberty Mic  | Name of Company                            |  |  |
|   | Sherry Burnett   | State Filings Analyst                      |  |  |
|   |  | Official – Title                           |  |  |

### ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective                          |  | 7/1/2009                                   |  |  |
|--|--|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |  |
| Automobile Liability Private   |  |  |  |  |
| Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial                       |  |  |  |  |
| 3. Liability Other Than Auto   | 10,437,265   | 48.9 %                                     |  |  |
| 4. Burglary and Theft  | 10,101,200   |  |  |  |
| E Close  |  |  |  |  |
| C Cidatte  |  |  |  |  |
| 7 Curatu   |  |  |  |  |
| 9 Poiler and Machinens   |  |  |  |  |
| 0 Eiro   |  |  |  |  |
| 10. Extended Coverage  |  |  |  |  |
| 11. Inland Marine  |  |  |  |  |
| 12. Homeowners   |  |  |  |  |
| 13. Commercial Multi-Peril   |  |  |  |  |
|  |  |  |  |  |
| 15. Other  |  |  |  |  |
| Line of Insurance  |  |  |  |  |
| Does filing only apply to certain territory (territorie  | es) or certain classes? If so, spec                | cify: No                                   |  |  |
| Brief description of filing. (If filing follows rates of Costs, GL-2008-BGL1, with a change to Loss Co |  | cify organization): ISO's adoption of Loss |  |  |
|  |  |  |  |  |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which wil             | • •  | ates.  Mutual Insurance Company            |  |  |
|  |  | Name of Company                            |  |  |
|  | Sherry Burnett                                     | State Filings Analyst                      |  |  |
|  |  | Official – Title                           |  |  |

### **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate le   | evel produced by rate revision effective                          | 7/1/2009   |
|--|---|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                | (3)<br>Percent<br><u>Change (+ or -)**</u>         |
| Automobile Liability Private   |   |  |
| Passenger Commercial   |   |  |
| 2. Automobile Physical Damage Private Passenger Commercial                           |   |  |
| 3. Liability Other Than Auto   | 1,439,730   | -36.7  |
| Burglary and Theft   | 1,400,700   |  |
| 5. Glass   |   |  |
| 6. Fidelity  |   |  |
| 7. Surety  |   |  |
| 8. Boiler and Machinery  |   |  |
| 9. Fire  |   |  |
| 10. Extended Coverage  |   |  |
| 11. Inland Marine  |   |  |
| 12. Homeowners   |   |  |
| 13. Commercial Multi-Peril   |   |  |
| 14. Crop Hail  |   |  |
| 15. OtherLine of Insurance   |   |  |
| Does filing only apply to certain territory  |   |  |
| Brief description of filing. (If filing follow Costs, GL-2008-BGL1, with a change to | s rates of an advisory organization, spe<br>Loss Cost Multipliers | ecify organization): <u>ISO's adoption of Loss</u> |
|  |   |  |
|  |   |  |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v    |   | rates.   |
|  | ı   | M Insurance Corporation                            |
|  |   | Name of Company                                    |
|  | Sherry Burnett  | State Filings Analyst                              |
|  |   | Official – Title                                   |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

| Change in Company's premium or rate level produced by rate revision |
|---|
| effective 05/01/2009 .  |
|   |

| Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damag | Annual Premium - Volume (Illinois) *   | Percent Change (+or-) **   |
|--|--|--|
| Automobile Liability Private<br>Passenger<br>Commercial                              |  |  |
| Passenger<br>Commercial  | -  |  |
| Commercial   |  |  |
|  |  |  |
| tatomobile i myolodi Bamag   |  |  |
| Private Passenger  | '  |  |
| Commercial   |  |  |
| iability Other Than Auto   | 34,947   | +1.3%  |
|  |  |  |
| <b>-</b>   |  |  |
|  |  |  |
| •  | 4  |  |
|  |  |  |
|  | ·  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Commercial Multi-Peril   |  |  |
| Crop Hail  |  |  |
| •  |  |  |
| Life of Insurance  |  |  |
| Does filing only apply to cer  | tain territory (territories) or  | certain  |
|  | , ((2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |
| •  |  |  |
|  |  |  |
| Brief description of filing. (If   | filing follows rates of an a   | dvisory  |
|  | 3  | •  |
|  | Insurance Services Of  | ffice Inc. (ISO) reference filing  |
| GL-2008-IALL1  |  |  |
|  |  |  |
|  | Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Life of Insurance  Does filing only apply to cer Classes? If so, specify:  Brief description of filing. (If Organization, specify organization): GL-2008-IALL1  *Adjusted to reflect all prior | Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Life of Insurance  Does filing only apply to certain territory (territories) or Classes? If so, specify:  M/A  Brief description of filing. (If filing follows rates of an a Organization, specify Insurance Services Of Insurance |

| National American Insurance Company       |                   |
|---|-------------------|
| Name of Company                           | R. PATrick Gilmon |
| Senior Vice President and General Counsel |                   |
| Official - Title                          |                   |

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

| (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ***  |
|--|--|--|
| Automobile Liability Private   |  | The state of the s |
| Passenger  |  |  |
| Commercial   |  |  |
| Automobile Physical Damag  |  |  |
| Private Passenger  |  |  |
| Commercial   |  |  |
| Liability Other Than Auto  | \$26,093                               | +12.9%   |
| Burglary and Theft   |  | A CONTRACTOR OF THE CONTRACTOR |
| Glass  |  |  |
| Fidelity   |  |  |
| Surety   |  | The second of t  |
| Boiler and Machinery   |  | No. of the second  |
| Fire   |  | S  |
| Extended Coverage  |  |  |
| nland Marine   |  |  |
| Homeowners   |  |  |
| Commercial Multi-Peril   |  |  |
| Crop Hail  |  |  |
| Other  | •                                      |  |
| Life of Insurance  |  |  |
| Does filing only apply to certa  | ain territory (territories) or         | certain  |
| Classes? If so,  |  |  |
| specify: No  |  |  |
|  |  |  |
| Brief description of filing, (If to Organization, specify  | iling follows rates of an a            | dvisory  |
| organization):   | Filing to adopt the ISC                | reference filing GL-2008-E   |
|  |  | 21.0101001001111119_02000- <u>-</u>  |
| <del>؞</del><br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞<br>؞ |  |  |
| *Adjusted to reflect all prior ra  | ate changes                            |  |
| **Change in Company's pren   |  | It from application of n   |
| rates.   |  |  |
| iaico.   |  |  |

# ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective    |   | 02-01-2009   |  |  |
|--|---|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>  | (3)<br>Percent<br><u>Change (+ or -)**</u>                     |  |  |
| Automobile Liability Private   |   |  |  |  |
| Passenger Commercial   |   |  |  |  |
| 2. Automobile Physical Damage  | ·   |  |  |  |
| Private Passenger Commercial   | 535,131   | +57.7  |  |  |
| <ul><li>3. Liability Other Than Auto</li><li>4. Burglary and Theft</li></ul>     |   | <del></del>  |  |  |
| 5. Glass   |   |  |  |  |
| 6. Fidelity  | •   |  |  |  |
| 7. Surety  |   |  |  |  |
| 8. Boiler and Machinery  |   |  |  |  |
| 9. Fire  |   |  |  |  |
| 10. Extended Coverage  |   |  |  |  |
| 11. Inland Marine  |   |  |  |  |
| 12. Homeowners   |   |  |  |  |
| 13. Commercial Multi-Peril   |   |  |  |  |
| 14. Crop Hail  |   |  |  |  |
| 15. Other  |   |  |  |  |
| Line of Insurance  |   |  |  |  |
| Brief description of filing. (If filing follows                                  | (territories) or certain classes? If so, specification of the states of an advisory organization, specify | organization):   |  |  |
| Illinois General Liability Rate Review - a                                       | dopting ISO filing designation number GL-2  | 2007-BGL1  |  |  |
| *Adjusted to reflect all prior rate change **Change in Company's premium level v | which will result from application of new rate  | es.<br><u>futual Fire Insurance Company</u><br>Name of Company |  |  |
|  | lania A La  | Barre, State Filing Specialist                                 |  |  |
|  | Janis A La  | Official - Title   |  |  |
|  |   |  |  |  |

# Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective |   | 02-01-2009   |  |  |
|---|---|--|--|--|
|   | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |
|   | bile Liability Private  |  |  |  |
|   | senger Commercial bile Physical Damage                              |  |  |  |
|   | rate Passenger Commercial   |  |  |  |
|   | Other Than Auto   | 956,109  | +17.7                                      |  |
| 4. Burglar  |   |  |  |  |
| 5. Glass  |   |  |  |  |
| 6. Fidelity   |   |  |  |  |
| 7. Surety   |   |  |  |  |
| 8. Boiler a 9. Fire   | nd Machinery  |  |  |  |
|   | ed Coverage   |  |  |  |
| 11. Inland  | Acrino  |  |  |  |
| 12. Homeo   |   |  |  |  |
|   |   |  |  |  |
| 14. Crop Ha   | ail   |  |  |  |
| 15. Other_  |   |  |  |  |
|   | Line of Insurance   |  |  |  |
| Does filing   | only apply to certain territory (ter                                | ritories) or certain classes? If so, speci         | ifv: NO                                    |  |
| Does ming   | only apply to certain territory (ter                                | intorics) or certain diasses: if so, spec          |  |  |
| Brief descri  | otion of filing. (If filing follows rat                             | es of an advisory organization, specify            | organization):                             |  |
| Illinois Gene   | <u>eral Liability Rate Review - adop</u>                            | ting ISO filing designation number GL-             | -2007-BGL1                                 |  |
|   | o reflect all prior rate changes.<br>n Company's premium level whic | ch will result from application of new ra          | le Mutuai Insurance Company                |  |
|   |   |  | Name of Company                            |  |
| •   |   | Janis A La   | a Barre, State Filing Specialist           |  |
|   |   |  | Official – Title                           |  |

# ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective _             |  | 02-01-2009  |  |  |
|---|--|---|--|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                                   | (3)<br>Percent<br><u>Change (+ or -)**</u>  |  |  |
| Automobile Liability Private     Passenger Commercial                                       |  |   |  |  |
| Automobile Physical Damage  |  |   |  |  |
| Private Passenger Commercial  |  |   |  |  |
| 3. Liability Other Than Auto  | 380,757  | +5.0  |  |  |
| 4. Burglary and Theft   |  |   |  |  |
| 5. Glass  |  |   |  |  |
| 6. Fidelity   |  |   |  |  |
| 7. Surety   |  |   |  |  |
| 8. Boiler and Machinery   |  |   |  |  |
| 9. Fire   |  |   |  |  |
| 10. Extended Coverage   |  |   |  |  |
| 11. Inland Marine   |  | 4   |  |  |
| 12. Homeowners  |  | A CONTRACTOR OF THE PERSON OF |  |  |
| 13. Commercial Multi-Peril  |  |   |  |  |
| 14. Crop Hail   |  |   |  |  |
| 15. OtherLine of Insurance  |  |   |  |  |
| Line of Insulance   |  |   |  |  |
| Does filing only apply to certain territory   | (territories) or certain classes? If so, speci                                       | fv: NO  |  |  |
| been ming only apply to contain terms.  | (10111101100) 01 001101111 01010000 11 001, 01                                       |   |  |  |
| Brief description of filing. (If filing follows Illinois General Liability Rate Review - ac | rates of an advisory organization, specify dopting ISO filing designation number GL- | organization):<br>2007-BGL1   |  |  |
|   |  |   |  |  |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v           | s.<br>which will result from application of new rat                                  | es.   |  |  |
|   | National de Deservi  | trand Convolty Ingrupos Comme   |  |  |
|   | <u>Nationwide Propei</u>   | ty and Casualty Insurance Company Name of Company   |  |  |
|   |  | наше от сопірапу  |  |  |
|   | .lanis A I a   | Barre, State Filing Specialist  |  |  |
| •   | oams / Le  | Official – Title  |  |  |
|   |  |   |  |  |

| Change  | in  | Company  | 's | premium  | or | rate | level | produced | by | rate |
|---------|-----|----------|----|----------|----|------|-------|----------|----|------|
| revisio | n e | effectiv | e  | 05/01/20 | 09 |      |       |          |    |      |

| revision effective U5/U1/2   |   |   |
|--|---|---|
| (1)  | (2)<br>Annual Premium   | (3)<br>Percent  |
| Coverage   | <pre>Volume (Illinois) *</pre>  | Change (+ or -)**   |
| 1. Automobile Liability Private Passenger Commercial   |   |   |
| 2. Automobile Physical Damage<br>Private Passenger   |   |   |
| Commercial 3. Liability Other Than Auto 4. Burglary and Theft  | 127,095   | -50.0%  |
| 5. Glass   |   |   |
| 6. Fidelity  |   |   |
| 7. Surety  | 2   |   |
| 8. Boiler and Machinery  |   |   |
| 9. Fire  |   |   |
| 10. Extended Coverage  |   |   |
| 11. Inland Marine  |   | · · · · · · · · · · · · · · · · · · ·   |
| 12. Homeowners   |   |   |
| 13. Commercial Multi-Peril   | 311774 - 17   |   |
| 14. Crop Hail  |   |   |
| 15. Other  |   |   |
| Line of Insurance  |   |   |
|  |   |   |
| Does filing only apply to certain  If so, specify: Yes; it applies to companies with leading to the companies of the companies with leading to the companies with leading to the companies of the | territory (territories)or<br>to the Graphic Arts Printe<br>ess than 25 employees only               | ers program for   |
|  |   |   |
| Brief description of filing. (If organization, specify organization  | h): With this filing we a<br>Employee Benefit Prog<br>Coverage Manual Page<br>reduction for Graphic | re revising our grams Liability to reflect a premium Arts risks with less to are no other changes |
| * Adjusted to reflect all prior r<br>** Change in Company's premium lev  |   |   |
| result from application of new   |   |   |
|  | ' Donublic-Franklin Income  | ance Company  |
|  | Republic-Franklin Insura Name of Compar   |   |
|  | rame or compar  | *J  |

George T. Dodd, Vice President/Actuary
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/2009 (2) (3)(1)**Percent Annual Premium** Change (+ or -)\*\* Volume (Illinois)\* Coverage **Automobile Liability Private Passenger Commercial** 2. **Automobile Physical Damage Private Passenger Commercial** 13% 1,076,369 3. Liability Other Than Auto **Burglary and Theft** 4. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, we are adopting Loss Costs for all General Liability territories, however, this applies to Riverport Insurance Company, Human Services buiness. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the ISO General Liability Illinois Loss Cost revision GL-2008-BGL1 effective May 1, 2009. Our percentage of change number is based on the impact of the ISO change on our specific business as well as a change in our LCM for Territories 507, 508, 509 and 514. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. Riverport Insurance Company Name of Company Terri Zachman, Product Development Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/2009

|  | (1)<br><u>Coverage</u>                                 | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |
|--|--|--|--|--|
| 1.   | Automobile Liability Private                           |  |  |  |
|  | Passenger Commercial                                   |  |  |  |
| 2.   | Automobile Physical Damage                             |  |  |  |
|  | Private Passenger Commercial                           |  |  |  |
| 3.   | Liability Other Than Auto                              | 374,277  | 8.90%                                      |  |
| 4.   | Burglary and Theft                                     |  |  |  |
| 5.   | Glass  |  |  |  |
| 6.   | Fidelity   |  |  |  |
| 7.   | Surety   |  |  |  |
| 8.   | Boiler and Machinery                                   |  |  |  |
| 9.   | Fire   |  |  |  |
|  | Extended Coverage                                      |  |  |  |
|  | Inland Marine  |  |  |  |
|  | Homeowners   |  |  |  |
|  | Commercial Multi-Peril                                 |  |  |  |
|  | Crop Hail  |  |  |  |
| 15.  | Other  |  |  |  |
|  | Line of Insurance                                      |  |  |  |
| D  |  | iti> or cortain places 2 If an anapify:              | No on adentina Laca Casta                  |  |
|  |  | erritories) or certain classes? If so, specify:      | No, we are adopting Loss Costs             |  |
| tor a  | il General Liability territories, nowever, this applie | s to Riverport Insurance Company, non-Human Services | business.                                  |  |
| Pric   | of description of filing (If filing follows ra         | ates of an advisory organization, specify orga       | anization): We are adopting                |  |
|  |  | BGL1 effective May 1, 2009. Our percentage of change |  |  |
|  | overall impact of the ISO rate level change.           | BOLT effective way 1, 2000. Our percentage of Grange | Transports based on                        |  |
| uie c  | verall impact of the 100 fate level change.            |  |  |  |
| *Ad  | justed to reflect all prior rate changes.              |  |  |  |
| **Change in Company's premium level which will result from application of new rates.   |  |  |  |  |
| Change in Company of French in the recent was approximated as a second s |  |  |  |  |
|  |  | Riverport Insurance Company                          |  |  |
|  |  |  | me of Company                              |  |
|  |  |  |  |  |
|  |  | Terri Zachman, Product Develo                        | ·  |  |
|  |  | (  | Official – Title                           |  |

|          | Change in Company's pre revision effective                                | emium or rate level produced by rate  May 1, 2009  |                           |  |
|----------|---|--|---------------------------|--|
|          | (1)   | (2)<br>Annual Premium  | (3)<br>Percent            |  |
|          | <u>Coverage</u>   | Volume (Illinois)*   | <u>Change ( + or -)**</u> |  |
| 1.       | Automobile Liability  |  |                           |  |
|          | Private Passenger   |  |                           |  |
|          | Commercial  |  |                           |  |
| 2.       | Automobile Physical Damage  |  |                           |  |
|          | Private Passenger   |  |                           |  |
| _        | Commercial  |  | 4.00/                     |  |
| 3.       | Liability Other Than Auto   | \$70,814   | 1.3%                      |  |
| 4.<br>-  | Burglary and Theft  |  |                           |  |
| 5.       | Glass   |  |                           |  |
| 6.<br>-  | Fidelity  |  |                           |  |
| 7.       | Surety  |  |                           |  |
| 8.       | Boiler and Machinery  |  |                           |  |
| 9.       | Fire  |  | <u></u>                   |  |
| 10.      | Extended Coverage   |  |                           |  |
| 11.      | Inland Marine   |  |                           |  |
| 12.      | Homeowners  |  | -1.00                     |  |
| 13.      | Commercial Multi-Peril  |  |                           |  |
| 14.      | Crop Hail   | April 1 Control of the Control of th | 12 WATER 1                |  |
| 15.      | Other Line of Insurance   |  |                           |  |
|          | s Filing only apply to certain territo<br>ses? If so, specify: <u>N/A</u> | ry (territories) or certain  |                           |  |
| <br>Brie | f description of filing. (If filing follow                                | ws rates of an advisory  |                           |  |
|          | nization, specify organization):  | RCA Hospitality Program - Adopti   | on of ISO's General       |  |
|          |   | <b>Liability Increased Limit Factors</b>   |                           |  |
|          |   |  |                           |  |
|          |   |  |                           |  |
|          |   |  |                           |  |
|          |   |  | -                         |  |
|          | * Adjusted to reflect all prior rate c                                    |  |                           |  |
| *        | * Change in Company's premium   |  |                           |  |
|          | result from application of new rat  | tes.   |                           |  |
|          |   |  |                           |  |
|          |   |  | urance Company            |  |
|          |   | Name of  | Company                   |  |
|          |   | Pavid I  | W. Cleff                  |  |
|          |   |  | vi. Cleff<br>  - Title    |  |

|            | Change in Company's premium   | (2)<br>Annual Premium<br>Volume (Illinois) | (3) Percent Change (+ or -)     |                     |
|------------|---|--|---------------------------------|---------------------|
| 1.         | Automobile Liability Private Passenger Commercial                                   |  |                                 |                     |
| 2.         | Automobile Physical Damage<br>Private Passenger<br>Commercial                       |  |                                 |                     |
| 3.         | Liability Other Than Auto   | 692,400                                    | 4.1%                            |                     |
| 4.         | Burglary and Theft  |  |                                 |                     |
| 5.         | Glass   |  | DIVISION OF                     | INSURANCE           |
| 6.         | Fidelity  |  | RECE                            | LINOIS/IDEPR        |
| 7.         | Surety  |  |                                 | i                   |
| 8.<br>9.   | Boiler and Machinery Fire   |  | JAN X                           | 9 2009              |
| 9.<br>10.  | Extended Coverage   |  |                                 |                     |
| 11.        | Inland Marine   |  | SPRINGFIEL                      | DILLINOIS           |
| 12.        | Homeowners  |  |                                 | D, ILLINOIS         |
| 13.        | Commercial Multi-Peril  |  |                                 |                     |
| 14.        | Crop Hail   |  |                                 |                     |
| 15.        | OtherLine of Insurance  |  | <del></del>                     |                     |
| Doe<br>N/A | s filing only apply to certain territor   | y (territories) or certain cla             | sses? If so, specify:           |                     |
|            | f description of filing. (If filing follow<br>fore accurately reflect risks being u |  | ganization, specify organizatio | n): Rate increase t |
| , ,        | her Liab.<br>RHORD Non-Prote<br>Chaire Progra                                       | r./<br>M                                   | Trumbull Insuran<br>Name of C   | ompany              |

|       | Change in Company's premium or rate level produced by rate revision effective |                                 |                           | 04/18/2009          |  |
|-------|---|---------------------------------|---------------------------|---------------------|--|
|       |   |                                 |                           |                     |  |
|       |   | (2)                             | (3)                       |                     |  |
|       |   | Annual Premium                  | Percent                   |                     |  |
| •     |   | Volume (Illinois)               | Change (+ or -)           |                     |  |
| 1.    | Automobile Liability  |                                 |                           |                     |  |
|       | Private Passenger   |                                 |                           |                     |  |
|       | Commercial  |                                 |                           |                     |  |
| 2.    | Automobile Physical Damage  |                                 |                           |                     |  |
|       | Private Passenger   |                                 |                           |                     |  |
|       | Commercial  |                                 |                           |                     |  |
| 3.    | Liability Other Than Auto   | 5,281                           | 27.6%                     |                     |  |
| 4.    | Burglary and Theft  |                                 |                           |                     |  |
| 5.    | Glass   |                                 |                           |                     |  |
| 6.    | Fidelity  |                                 |                           |                     |  |
| 7.    | Surety  |                                 | +                         |                     |  |
| 8.    | Boiler and Machinery  |                                 |                           |                     |  |
| 9.    | Fire  |                                 |                           |                     |  |
| 10.   | Extended Coverage   |                                 |                           |                     |  |
| 11.   | Inland Marine   |                                 | <del></del>               |                     |  |
| 12.   | Homeowners  |                                 |                           |                     |  |
| 13.   | Commercial Multi-Peril  |                                 |                           |                     |  |
| 14.   | Crop Hail   |                                 |                           |                     |  |
| 15.   | Other   |                                 |                           |                     |  |
|       | Line of Insurance   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
| Doe   | s filing only apply to certain territor                                       | ov (territories) or certain cla | seese? If so enecify:     |                     |  |
|       | ate schools, charter schools, and p   |                                 |                           |                     |  |
| 1 114 | ate scrioois, charter scrioois, and p   | onvate coneges and dinver       | - Silico                  | 25/20/- 27 7        |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
| Brie  | f description of filing. (If filing follow                                    | ws rates of an advisory or      | ganization, specify organ | ization):           |  |
|       | e increase. Uniform increase on pr  |                                 |                           |                     |  |
|       | institution.  |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 | Twin City Fir             | e Insurance Company |  |
|       |   |                                 | Nam                       | ne of Company       |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 |                           |                     |  |
|       |   |                                 | Aaron Mills, FCAS         |                     |  |
|       |   |                                 |                           | fficial - Title     |  |

| Change in Company's premiurevision effective 05/01/2                |                           | by rate<br>·   |
|---|---------------------------|--|
| (1)   | (2)                       | (3)  |
| (1)   | Annual Premium            | Percent  |
| Coverage  | Volume (Illinois)*        | Change (+ or -)**                                      |
| 1. Automobile Liability   |                           |  |
| Private Passenger   |                           |  |
| Commercial  |                           |  |
| 2. Automobile Physical Damage<br>Private Passenger                  |                           |  |
| Commercial  |                           |  |
| 3. Liability Other Than Auto  | 2,667,594                 | -50.0%   |
| 4. Burglary and Theft   |                           |  |
| 5. Glass  |                           |  |
| 6. Fidelity   |                           |  |
| 7. Surety   |                           |  |
| 8. Boiler and Machinery 9. Fire                                     |                           |  |
| 10. Extended Coverage   |                           |  |
| 11. Inland Marine   |                           |  |
| 12. Homeowners  |                           |  |
| 13. Commercial Multi-Peril  |                           |  |
| 14. Crop Hail   |                           |  |
| 15. Other Line of Insurance   |                           |  |
| Line of insurance   |                           |  |
| Does filing only apply to certain                                   | territory (territories)   | r certain classes?                                     |
| If so, specify: Yes; it applies                                     | to the Graphic Arts Print | ers program for  |
| companies with 1  | ess than 25 employees onl | У  |
|   |                           |  |
|   |                           | 11, 12, 13, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15 |
| Brief description of filing. (If                                    | filing follows rates of   | an advisorv  |
| organization, specify organization                                  |                           | are revising our                                       |
|   | Employee Benefit Pro      | grams Liability  |
|   |                           | to reflect a premium                                   |
|   |                           | c Arts risks with less                                 |
| •   |                           | re are no other changes r our Coverage Form.           |
|   | to our Manual rage o      | 1 our coverage roim.                                   |
| # 742 to well at all maion  | mata abangaa              |  |
| * Adjusted to reflect all prior . ** Change in Company's premium le |                           |  |
| result from application of new                                      |                           |  |
| **  |                           |  |
|   | Utica Mutual Insuran      |  |
|   | Name of Compa             | шу   |
|   | George T. Dodd, Vice Pres | ident/Actuary  |
|   | Official - Ti             |  |
| **^^^1  |                           |  |

### ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective                  |  | 5/1/2009  |  |
|--|--|---|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>           | (3)<br>Percent<br><u>Change (+ or -)**</u>      |  |
| Automobile Liability Private   |  |   |  |
| Passenger Commercial   |  |   |  |
| 2. Automobile Physical Damage  |  |   |  |
| Private Passenger Commercial3. Liability Other Than Auto                                       | 1,452,277  | -55.5 %   |  |
| Burglary and Theft   | 1,432,277  |   |  |
| E Class  |  |   |  |
| O E 1 111  |  |   |  |
| 7. Surety  |  |   |  |
| 8. Boiler and Machinery  |  |   |  |
| 9. Fire  |  |   |  |
| 10. Extended Coverage  |  |   |  |
| 11. Inland Marine  |  |   |  |
| 12. Homeowners   |  |   |  |
| 13. Commercial Multi-Peril   |  |   |  |
| 14. Crop Hail  |  |   |  |
| 15. OtherLine of Insurance   |  |   |  |
| Line of Insurance  |  |   |  |
| Does filing only apply to certain territory (ter   | rritories) or certain classes? If so, speci                  | fy: No  |  |
| Brief description of filing. (If filing follows ra<br>Costs, GL-2008-BGL1, with a change to Lo | ates of an advisory organization, specifies Cost Multipliers | fy organization): <u>ISO's adoption of Loss</u> |  |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which         | ch will result from application of new rat                   | es.   |  |
|  | Wausau B   | Business Insurance Company                      |  |
|  |  | Name of Company                                 |  |
|  | Observe Brown W  | Otata Filipus Amalust                           |  |
|  | Sherry Burnett   | State Filings Analyst Official – Title          |  |
|  |  | Cincial — Fide                                  |  |

# ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective         |  | /e5/1/2009  |  |
|---|--|---|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>               | (3)<br>Percent<br><u>Change (+ or -)**</u>        |  |
| Automobile Liability Private  |  |   |  |
| Passenger Commercial 2. Automobile Physical Damage                                    |  |   |  |
| Private Passenger Commercial  |  |   |  |
| 3. Liability Other Than Auto  | 779,329  | -13.2   |  |
| Burglary and Theft  |  |   |  |
| 5. Glass  |  |   |  |
| 6. Fidelity   |  |   |  |
| 7. Surety   |  |   |  |
| 8. Boiler and Machinery   |  |   |  |
| <ul><li>9. Fire</li><li>10. Extended Coverage</li></ul>                               |  | ····  |  |
| 11. Inland Marine   |  |   |  |
| 12. Homeowners  |  |   |  |
| 13. Commercial Multi-Peril  |  |   |  |
| 14. Crop Hail   |  |   |  |
| 15. OtherLine of Insurance  |  |   |  |
| Line of insurance   |  |   |  |
| Does filing only apply to certain territory (   | territories) or certain classes? If so, spec                     | cify: No  |  |
|   | ,  |   |  |
| Brief description of filing. (If filing follows Costs, GL-2008-BGL1, with a change to | rates of an advisory organization, spec<br>Loss Cost Multipliers | cify organization): <u>ISO's adoption of Loss</u> |  |
|   |  |   |  |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w     |  | ates.   |  |
|   | Wansan H   | nderwriters Insurance Company                     |  |
|   |  | Name of Company                                   |  |
|   | Sherry Burnett   | State Filings Analyst                             |  |
|   |  | Official – Title                                  |  |